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ABSTRACT

The problem of adolescent pregnancy and childbearing is addressed. The document is a result of a conference of youth service agencies, family planning organizations, policy makers, health service providers, and leaders in sex education. Following summaries of participants' discussion of the nature of the problem and strategies for program development, the recommendations are outlined. General strategies include dissemination of medical, demographic, and socioeconomic information to service programs; investigation of attitudes of parents, adolescents, and professionals regarding sex education and services for adolescents; and involvement of adolescents in the design, implementation, and evaluation of programs. Recommendations concerning ethical issues are that adolescent health and well-being require free access to information on human sexuality and family planning; family planning encouragement must be consistent with free and informed choice, dignity, scientific accuracy, and social need; and coercion in the direct application of birth control methods is never justified. Strategies for program development involve establishing an international communication/education project and supplying financial and technical assistance to youth serving agencies. Goals of sex education programs should be to sensitize the community to the need for integrating sex education into one's total education and to help the adolescent develop a positive attitude toward his/her sexuality. Recommendations for family planning services include model projects to develop youth clinics, post partum services, programs for males, and mail order contraceptive distribution. (KC)

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CONCLUSIONS AND RECOMMENDATIONS
OF THE
STRATEGY CONSULTATION ON ADOLESCENT FERTILITY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

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I. INTRODUCTION

A working group of forty-eight people met for two days at the National 4-H Center in Washington, D.C., under the auspices of The Population Institute, to define strategies of action for dealing with the serious worldwide problems of adolescent pregnancy and childbearing. The Consultation brought together representatives of youth service agencies and population/family planning organizations, policy makers, health service providers, and leaders in the sex education field.

The Strategy Consultation was held as a follow-up to the work begun at the First Interhemispheric Conference on Adolescent Fertility, held at the Airlie Center in September, 1976. As indicated by Population Institute President Rodney Shaw, in opening the Consultation, the emphasis was to be placed on identifying effective educational and service programs for adolescents. The conclusions and recommendations of the session are to be widely distributed to assist in building the foundation for program development.

II. THE NATURE OF THE PROBLEM

About 13 million births occur to adolescent women each year. Despite cultural variations in adolescent sexual and fertility behavior, the adverse health and demographic consequences of adolescent childbearing are universal. In some regions of the world, adolescent pregnancy occurs primarily within marriage, while in other cultures, premarital pregnancy is common.

In the United States, one out of ten teenage girls becomes a mother before she graduates from high school. Couples that marry because of pregnancies have a high divorce rate. Unplanned teenage childbearing is a major cause of attempted suicides and school dropouts. Society often bears the cost of unwanted fertility among teenagers through high social service costs.

While some of the factors leading to adolescent pregnancy and childbearing are specific to each culture, others emerged which are important in many regions or worldwide. High among the root causes is the low status of women and girls. Also important are the limited opportunities available to adolescents of both sexes in terms of education and employment. Ignorance about human sexuality and the unavailability of contraceptive services are major barriers to solution of the problem.

In her keynote address, Dr. Mary Calderone, President of the Sex Information and Education Council of the United States, described some of the problems in dealing with the issue of adolescent fertility. These include:

1. An unwillingness to accept sexuality education as a major component of population programs.

2. The unwillingness of schools to teach sex education, caused, in part,

by its unknown effectiveness.

3. The hesitancy of adults to admit to their children that sex can be a source of joy and pleasure.

4. The reluctance of professionals to attempt innovative programs in the face of possible criticism.

III. GUIDELINES AND STRATEGIES FOR PROGRAM DEVELOPMENT

A. General Program Approaches

In order to find programmatic solutions to the problem of adolescent pregnancy, there is a need to bring about cooperative and coordinated action on the part of educators and health service providers. Parents, community leaders and young people, themselves, should be involved in the design and implementation of education and service programs.

In fact, program organizers must recognize that often the best way to reach young people is through their parents and grandparents. Parents need help in becoming aware of their responsibility as the primary sex educators of their children, for by their actions in the home, parents educate children sexually every day. Parents need to be made aware of the importance of talking to their adolescent children about the value of family planning and the means of obtaining contraceptives.

However, adolescents and parents understandably have difficulties in communicating on the subject of sexuality. Thus, professionals in various relevant educational, counseling and service areas must also extend their activities to adolescents in a sensitive and appropriate way.

Derrick Coble, an American teenager participating in the Consultation, stressed the importance of information being made available to young people, especially regarding services. In fact, many studies show that programs are more effective when public education and service projects are closely coordinated. In stressing the need for both information and services, Dr. Malcolm Potts suggested that the use of contraceptives, like driving an automobile, is a learned process and that we must understand that mistakes will be made, particularly when people are first learning.

Programs to deal with adolescent fertility should emphasize prevention. And these should begin with the pre-adolescent, as many programs are reaching young people too late. At the same time, encouragement should be provided to those adolescents who choose to delay sexual relations.

Educational and service programs should not appear to castigate those teenagers who have, through choice or circumstance, already brought children into the world. There are, in fact, special needs of these young parents which are not successfully being met. These include birth control counseling to avoid

unwanted pregnancies, parenting education, day care services and flexible educational programs.

While certain programs in some parts of the world may serve as prototypes for duplication elsewhere, both replication of these models and initial design of programs must be done with great sensitivity to the specific culture in which they will be used. For example, the first pelvic exam can be a difficult experience for a young girl, and in some cultures, it would be advantageous if this were done by women practitioners. In many places it is especially important that males be involved in decisions about family planning. In the past, too many programs have operated exclusively for women.

Educational programs need to cover a broad range of subjects related to human sexuality and human relationships. Too often, educational programs have been narrowly defined to cover only reproductive physiology or childcare. The terminology used in describing educational programs should be carefully chosen to reflect societal values. In some societies "family life education" is more acceptable than "sex education."

In spite of the many difficulties, there are also positive conditions for beginning a major effort in the area of teen sexuality. Among those enumerated by Dr. Calderone are a concerned and informed cadre of professionals, parents who are more willing than previously to support sexuality education programs, and excellent materials and resources now available for use.

B. The Role of Donor Agencies

In separate presentations, Keys MacManus, Deputy Assistant Administrator of the Bureau of Population and Humanitarian Affairs, and Dr. Gerald Winfield, Acting Director of the Information, Education and Communication Division of the Office of Population, reported on activities and plans of the U.S. Agency for International Development (AID). As follow-up to the First Interhemispheric Conference on Adolescent Fertility, AID is developing a new program devoted to reducing international adolescent fertility. The major components include:

1. Support of research to determine the extent and nature of the problem;

2. Support of a number of model projects around the world;

3. Support of consultations to devise global, regional, and country strategies (three such consultations are being planned in Latin America with the assistance of Airlie Foundation);

4. Designation of an organization to administer a large number of projects for adolescents around the world.

Substantial interest in this problem has been shown in developing countries following the Airlie Conference. Programs aimed at reducing adolescent

fertility have begun in Colombia, the Philippines, Brazil, Egypt, Sri Lanka and Mexico.

C. Model Projects

Education

In devising strategies for program development, it is important to consider the effectiveness of programs tried in the past. The conferees discussed a number of educational programs in population dynamics, human sexuality, and family planning procedures.

It is paramount that training programs for teachers and other professionals, as well as parents, be conducted to provide skills in teaching adolescents about human sexuality. A project of this type is the American Home Economics Association's International Family Planning Project, which supports family planning education programs in the developing world.

As explained by Patchanee Natpratcha, Assistant Director of the AHEA's project, efforts are aimed at integrating sex education and population into existing home economics courses. Training is provided to each area's home economists to give them skills in working with community leaders and midwives in each village. Special programs are designed for young marrieds and out-of-school youth. Each locality is encouraged to develop specific lessons to meet its individual needs.

A need exists for culture-specific materials to use in training programs, promotional activities, and education. Dr. Esther de Gally, Editor of PAX--Mexico discussed some of the 100 books she has already published on sex education. Several of these are picture-books directed at people who are basically illiterate.

Religious institutions can play a unique role in combining sex education with discussion of values. Iluminada Rodriguez, Director of Family Life and Population Programs of Church World Service, summarized their support of education and service programs. They have supported 1400 family life and population projects in 58 countries, including family life education training and counseling, delivery of clinical services, comprehensive health/nutrition/agriculture programs, and research and evaluation. For example, in the Philippines, the first family planning clinic integrated within a school health service was established at a university. This project, which became a model for the country, owed much of its success to Church World Service's approach, involving the student body, faculty and parents simultaneously in the initiation of the program.

Holly Hollerorth, Director of Religious Education Programming of the Unitarian Universalist Association, discussed their experience with the program, "About Your Sexuality." This program seeks to assist young people in making responsible decisions about their sexual behavior. It not only communicates information about human sexuality, but also explores attitudes, values, and behavior. Its success is due in part to the involvement of parents. In each community, parents actually go through the educational program, experience its value for themselves, and consequently recognize its value for their children.

Youth organizations have a key role to play in education and awareness programs. John Danquah, Secretary General of the World Assembly of Youth, described some of the population awareness programs which WAY has conducted in 19 countries since 1969. These efforts included a series of conferences for leaders and youth, operating on the principle that family planning decisions should be based on full information. WAY's success in implementing programs can be ascribed to its use of regional consultants, who in turn work with local WAY organizations. WAY has committed itself to working on the problem of adolescent pregnancy in future programs.

Communication

The media can play an important role in support of both education and service programs. In one American community,high school students established in a court their right to publish an article on the need for sex education in the high school newspaper. As explained by Gina Gambino, assistant editor of the paper, the article demonstrated that the after-school course on physiology had done little to eliminate student ignorance about the use of contraception. This widely publicized case suggests the commitment of young people to their own informational needs and undoubtedly will set a precedent in the U.S.

Jose Carlo, Director of International Communications of The Population Institute, discussed PI's project to remove sexist and pronatalist messages from popular music. In the U.S., television stars and sports heroes are also being enlisted to promote responsible behavior among young people. A seminar was held for the heads of national radio from eight countries in Africa in the fall of 1976. These persons were encouraged to create indigenous, folkloric programs related to quality of life and family planning. In Costa Rica, a radio program on family life, which includes discussion of family planning, has been successful in educating the populace and in adding support to the family planning service programs.

Services

A large number of family planning service programs for adolescents have been developed recently. Dr. Daniel Weintraub, Chief Operating Officer of Family Planning International Assistance, stated that FPIA has received 60 project proposals in the last 6 months on this subject. Program possibilities include distribution of contraceptives by adolescents in Bangladesh, pill clubs for married adolescents in Pakistan, student clinics in the Philippines, and others.

Betsey McGee, Family Planning Coordinator of The Door, discussed this multi-service center for urban youth, aged 12-22, in New York. Services provided include: legal counseling, psychological counseling, educational and vocational counseling, drug counseling, nutrition programs, family planning programs, crisis intervention, recreation and creative arts programs. Adolescents obtain services free and without parental consent. The multi-service nature of the center allows young people to obtain family planning services without the embarrassment of going to a family planning clinic for that

specific purpose. The health staff works within The Door and within local schools to involve more youth in their programs. An emphasis is placed on high risk populations and special attention is given to involving males in the family planning program.

Malcolm Potts, Medical Consultant to International Planned Parenthood Federation, announced that IPPF has urged all of its affiliates to provide contraceptive services to all married and unmarried adolescents who are at risk of pregnancy. They have sponsored a series of regional meetings on human sexuality. IPPF has called for research to analyze the relationship between availability of contraceptive services and adolescent sexual behavior.

D. Future Organizational Directions

At the close of the Strategy Consultation, many of the participating youth service organizations indicated a commitment to explore program development in this area. For example, John Peacock, representing the World Alliance of YMCA's, stressed the importance of training programs in sexuality education and counseling for their staff in different countries. The international journals of the Y will inform their country staff about the magnitude of the problem and will suggest programmatic ways in which Y's can meet the needs of their constituents.

Stephen Hayes, representing the International Division of the U.S. YMCA discussed the possibility that the 1,800 YMCA affiliates in the United States might begin to offer the kinds of services offered by The Door.

Carmen Lusan stressed that the World YWCA's are committed to meet the needs of today's young women. While the YWCA has traditionally stressed recreational opportunities for young women, it is now focusing on providing educational and vocational training. In their work with girls who have left school, the Y has experienced a high drop-out rate from their educational programs because of unplanned pregnancies.

Doris Riehm stated that the World Association of Girl Guides and Girl Scouts is committed to raising population awareness and improving the status of women. Thirty countries already have such programs working with older adolescents. The World Association is interested in working with other organizations to tackle the problem of adolescent fertility. They are interested in disseminating information guides to national groups and in developing model programs. Such models include the "Education for Parenthood" program developed in the United States and "Shared Experiences" developed in cooperation with IPPF.

Heather Lynskey, representative of the Red Cross, noted the involvement of adolescents in their community services programs. Although there is at least one local venereal disease project there is not yet a national program on family planning or sex education.

IV. RECOMMENDATIONS OF THE STRATEGY CONSULTATION ON ADOLESCENT FERTILITY

A. General

The serious implications of the high incidence of adolescent fertility on a worldwide basis call for urgent and immediate action on a global scale. Cooperative and coordinated action is needed by the international community, both public and private, as well as national and local governments and organizations.

In most areas of the world, very little is known about the extent and consequences of early childbearing. Effective programs require the collection, analysis, and distribution of standardized information regarding the problems of adolescent fertility on a global, regional, and country-specific basis. Such information should include medical, demographic, and socio-economic data. The analysis must consider the dimensions, nature, and perception of problems, as well as adolescent value systems and their channels of communication.

Another necessary research direction is the investigation of attitudes and knowledge of adolescents, parents, and professionals regarding sex education, teenage sexuality and childbearing, and contraceptive services for adolescents. This is especially vital to a project's success at the community level, where existing programs must be analyzed and the potential for new projects considered in light of that community's expressed needs and priorities.

In addition, an important action in each country is the identification of leaders who can give credibility to the need for such programs, and for agencies and organizations which can help to implement them.

In many cases, policy development and legislative changes supportive of adolescent needs, rights and responsibilities will be necessary adjuncts of educational and service programs. This process, in turn, will depend to a large extent on attitudinal changes effected by a greater understanding of the problems involved.

Ongoing evaluation must be made of existing and new programs so that they can be appropriately revised.

These recommendations are made with an awareness that the problems of adolescent fertility are not amenable to any single "solution." Rather, programs must be developed to address the multi-faceted nature of the problem and should respect differences in culture, creed, and mores.

Adolescents should be involved in the design, implementation, and evaluation of programs which relate to their fertility. In general, these programs should be non-judgmental and should be developed within the ethical framework outlined below.

B. Ethical Issues in Policy, Research, and Programs Relating to Adolescent Fertility

1. Any program should rest on several overriding basic assumptions: life on earth is valuable and reverence for life is essential; needless suffering is bad; freedom, dignity, enjoyment, and responsibility are good.

2. In the life cycle, the transition to parenthood is a crucially important step for the individual, for the family, and for the community. This step must be taken voluntarily and intentionally with informed, responsible choice. Various options, including educational opportunities, meaningful and economically productive work, and dignified social roles should be provided, so that early parenthood does not become or remain the only option.

3. Sexual decisions must be made on the basis of knowledge, maturity, and respect for, rather than exploitation of, another person regardless of gender. Adolescents who choose to delay sexual activity should be given full support. Emphasis should be placed on such positive values as the capacity for meaningful and lasting relationships.

4. Adolescent health and well-being require free access to education and information on human sexuality and family planning. This information must be scientifically accurate and expressed with sensitivity to cultural mores and individual differences.

5. The health and well-being of adolescents (and of society) require that those who choose to be sexually active should have full access to contraceptive information and services. It is impractical and morally unacceptable to rely upon unwanted pregnancy to be a major deterrent to adolescent (or any) sexual relationships. The availability of contraceptive education/services should not be construed as promotion of adolescent sexual activity.

6. Any family planning incentives or encouragement must be consistent with individual free and informed choice, dignity, scientific accuracy, and social need.

7. Coercion in the direct application of birth control methods is never justified.

8. Each individual, beginning in adolescence, has an obligation to be concerned with the impact of his or her reproductive behavior on the welfare of the larger community, including the population and resources of the world as a whole.

C. General Strategies for Program Development

1. Establish an international communications/education project which would provide a regularly circulated medium to:

   a. Alert individuals, organizations, agencies, and government officials to the increasing incidence of adolescent fertility and its inherent dangers and suggest they investigate their country situation;

   b. Provide information regarding available financial and technical support for groups who see a need and choose to take action;

   c. Identify and describe models developed in many countries with recommendations for adaptation;

   d. Provide opportunity for cross-cultural interchange;

   e. Provide a forum for sharing successes and failures;

   f. Publicize upcoming workshops and training sessions;

   g. Provide follow-up on workshops.

2. Develop a mechanism to make specific financial and technical assistance available on request to youth serving agencies and other groups for such activities as:

   a. Well designed action-oriented workshops for training in adolescent growth and development and for specific program planning;

   b. Demonstration projects in education, communications, and services;

   c. Production of videotapes and other materials showing a wide range of model projects in action, for wide dissemination and effective multiplication of impact;

   d. Expert consultation on a continuing basis.

D. Strategies for Sex Education

There needs to be a strong commitment to and long-term investment in formal and informal sex education programs at all levels as they relate to adolescents.

The goals of these programs are to:

1. Clarify what is meant by human sexuality, sex education, and family life education.

2. Sensitize the community so that sex education can be integrated into one's total education, both formal and informal, throughout one's life.

3. Help the adolescent develop and express in a positive and responsive manner his/her sexuality for the well-being of the adolescent, family, society.

4. Promote:

   a. Full development of people as individuals;

   b. Equality of men and women in their rights, responsibilities, and opportunities;

   c. Responsible procreation;

   d. Acceptance of a wide range of lifestyle options;

   e. Awareness of the interdependence of adolescents and society.

As partial fulfillment of these goals, the following strategies are recommended:

1. Conduct necessary research related to attitudes and knowledge toward sexuality and an analysis of community needs and priorities.

2. Develop comprehensive sex education training programs for educational, medical, social, political, and religious leaders so that they may address adolescent fertility.

3. Develop community outreach programs, including: youth education programs; media projects; education and training programs for parents; programs for community organizations and youth service agencies; peer counseling programs; church programs; multi-service adolescent-specific facilities; and any combination thereof.

4. Integrate education for human sexuality and population awareness into formal education programs through: training for teachers and support professionals; curriculum revision; and involvement of parents', teachers', and students' associations.

E. Strategies for Communication Through the Mass Media

The mass media are essential in dealing with this issue. Before media can be used effectively, it is necessary that standardized information on the scope (worldwide and local) of the problem be gathered.

1. As a first step, policy makers and media personnel worldwide should be sensitized to the problems associated with adolescent

fertility. Special meetings and sessions need to be arranged to foster understanding and commitment of these leaders and communicators so that the vital information can be passed on to the general public. Cooperation in this process can be sought with various agencies, such as the World Health Organization, Food and Agriculture Organization, International Labor Organization, and international media organizations, to create a broader base of involvement and to enhance the presentation of the issues. Where possible, these sessions can be conducted in association with specific related efforts, such as the United Nations Year of the Child (1979). In international gatherings such as these, there is an opportunity to reach representatives of appropriate government ministries.

2. Publicize the issue through various media organizations and their conferences, including broadcast and print associations.

3. Involve the media in problem-solving, through development of programming for communities, parents, and youth.

4. Identify and involve key decision-makers in politics, religious, women's, students', youth, and youth service organizations, who can communicate information to their constituencies and vastly amplify the communications effort.

5. Establish an international information exchange system to report on various pilot communications projects. These projects may include involvement of popular entertainment stars and cultural heroes, folk arts, and special youth publications.

F. Strategies for the Provision of Family Planning Services to Adolescents

1. Take steps to establish the need for adolescent family planning services by country or region, taking into consideration cultural differences and appropriate intervention points, that is, before pregnancy or after the first child.

2. Identify country leaders who can give credibility to the need for adolescent services.

3. Develop a mechanism for continuous monitoring of trends, data, programs, etc.

4. See that funding is increased on a priority basis to organizations currently involved in providing information and services to adolescents and those willing to be involved, especially the many organizations that have ready-to-go pilot projects. These organizations should be encouraged to make available relevant information and education, plus contraceptive care as appropriate.

5. Initiate steps necessary to establish a network of international agencies and organizations which, as a group and singly, will accept responsibility for providing financial and programmatic support directed at identifying, implementing, and evaluating successful programs for lessening the incidence of adolescent childbearing.

6. Identify youth-related and youth-serving agencies and organizations whose existing networks and credibility might serve to expedite program development.

7. Convene working seminars of such groups with the objective of designing workable pilot projects for each organization.

8. Identify a comprehensive list of model projects developed in many countries to offer for replication and adaptation to other cultures. Examples include:

   a. Youth clinics;

   b. Youth clinics in school settings;

   c. Teens served in adult clinics;

   d. Post partum programs;

   e. Youth leader programs;

   f. "Rap" sessions;

   g. Peer group counseling and outreach;

   h. Male programs;

   i. Store front counseling;

   j. Mail order contraceptive distribution;

   k. Audio/visual materials.

To be most effective, these service-oriented programs must be closely coordinated with educational and media programs.

Attachment II

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